

**Department of Personnel & Administration  
Division of Human Resources**

**Onsite Audit**

**Reviewer Checklist for Contracts/Purchase Orders/Solicitations/Grants**

**Pre-qualifying Questions**

Does the request require personal services review?  
Did the request receive Human Resources approval?  
Was the request reviewed & approved prior to finalizing the contract/purchase order/solicitation/grant?  
Does the request fall within the agency's program waiver (this includes amendments & modifications)?

**Certification form**

If the request didn't fall within the waiver, was a certification form attached?  
Is the certification form signed by HR professional?  
Have all questions been answered completely or are some left blank?  
If necessary, is there additional documentation attached to explain or answer the questions?

**DOES THE PERSONAL SERVICES REQUEST MEET THE FOLLOWING:**

**Conditions of the agency's program waiver**

Is the scope of work adequate to determine the type of personal service?  
Can the service be provided by another state program?  
If no, why not?  
If yes, was a prior-approval or waiver obtained from the program?  
Have approvable criteria been identified?  
Is it the correct criteria, when needed?  
If needed, is there documentation justifying the criteria?

**Chapter 10 requirements**

Is the business case demonstrated based on:  
    Consideration of Accountability  
    Consideration of Cost  
    Consideration of Quality  
Is there an evaluation of potential impact on certified employees?  
Does it identify if classified staff has performed the services?  
If so, is the justification for contracting out the service reasonable?

**The definition of Independent Contractor**

Is the contractor identified as a former employee, if applicable? Permanent or Temporary?  
If yes, does this comply with 24-18-201? (Shall not be interested in any contract made by them in their official capacity. Former employee may not, within 6 months following termination, contract or be employed by an employer who contracts with state agency or any local government involving matters with which he was directly involved during his employment).  
If yes, does this comply with 10-3E? (Department shall not use a succession of alternating temporary employment and personal services contracts in order to avoid either the timely creation or filling of permanent positions).

**The required approval process**

Was there a pre-approval letter attached indicating the solicitation had pre-approval from the proper entity?  
If no, does the service fall under the program waiver?  
Is that indicated/documentated?

**Human Resources  
Personal Services Review  
Preliminary Questionnaire**

Agency/Institution \_\_\_\_\_

Person completing this questionnaire \_\_\_\_\_

Date \_\_\_\_\_

**REVIEW**

1. Do you have a Program Waiver in effect? \_\_\_\_Yes or \_\_\_\_No. If yes, what are the effective dates? Please provide a copy for all waivers in place for your Department.

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2. Who in the department is responsible for the HR review and approval of personal service requests (contracts, purchase orders, solicitations, grants)? Please list all individuals who perform this function.

\_\_\_\_\_

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\_\_\_\_\_

a. Are they certified or on their way (completed PCP Level I at a minimum)? Please distinguish those certified or on their way.

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b. What is the average turn around time for reviewing personal services requests (contracts, purchase orders, solicitations, grants)?

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\_\_\_\_\_

**POLICIES**

3. Are there written department policies for the personal service review process? \_\_\_\_Yes or \_\_\_\_No. If yes, please provide copies of the policies when submitting this questionnaire.

a. How are these policies communicated throughout the department?

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b. How is information shared between accounting, purchasing and human resources?

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c. Are there established regular meetings to discuss issues or policies? \_\_\_\_Yes or \_\_\_\_No.  
Please explain.

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**TRAINING**

4. Is there department wide staff training available on personal services policies and procedures?  
\_\_\_\_Yes or \_\_\_\_No.

a. If yes, how often do these sessions occur?

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b. Who conducts the training?

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c. Who is responsible for creating/updating the content of the training?

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d. Please provide a copy of the training material when submitting this questionnaire.

**DOCUMENTATION & REPORTING**

5. What is the process for maintaining personal services documentation, i.e. certification forms, waivers, prior approval letters, etc.?

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6. Is there an internal tracking mechanism for independent contractors? \_\_\_\_ Yes or \_\_\_\_ No. If yes, please explain and provide a complete report of the current fiscal year (July 1, 2005 to present).

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- a. Does the report identify all individuals working under contracts? \_\_\_\_ Yes or \_\_\_\_ No.
- b. If your department does not use EMPL/CPPS for tracking state temporary employees, please provide a report of all state temporary employees for the current fiscal year (July 1, 2005 to present) with names and dates of employment.
- c. Provide us with a list of all your contractors including leased workers and how long they have been on the premises. Per contractor/leased worker, per occurrence and duration.

7. What percentage of your department's budget is spent annually on employment agency (leased workers) services? \_\_\_\_\_%.

8. Who is responsible for tracking and verifying summary totals for the personal services annual report? Please list all individual's responsible and contact numbers.

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9. Please provide a list of all personal services contracts entered into the current fiscal year (July 1, 2005 to present).

